

**Pre Med Bag- Questionnaire (for all patients who will be discharged to home)**

<b>Patient Name or Patient Label:</b>	<b>MRN:</b>	<b>Date:</b>
<p>At home, how often do you miss or forget to take your medications? <input type="checkbox"/> Always   <input type="checkbox"/> Sometimes   <input type="checkbox"/> Half the time   <input type="checkbox"/> Hardly ever   <input type="checkbox"/> Never</p> <p>Do you use a written list of medications at home?   Yes_____   No_____</p>		
<p>If you forget to take your medications at home, it is usually because.... (check all that apply)</p> <p><input type="checkbox"/> Didn't refill prescription.</p> <p><input type="checkbox"/> Medication was not with me when I needed to take it.</p> <p><input type="checkbox"/> I was told to take it, but I chose not to.</p> <p><input type="checkbox"/> I don't understand how or when to take the medication.</p> <p><input type="checkbox"/> I just didn't remember to take it.</p> <p><input type="checkbox"/> Other reasons:_____</p>		
<p>At your most recent doctor's appointment:</p> <p><input type="checkbox"/> I did NOT take my medications with me to the appointment.</p> <p><input type="checkbox"/> I took my medications with me to the appointment.</p>		
<p>Please tell us how we can help you take your medications as your provider has ordered. _____</p> <p>_____</p> <p>_____.</p>		

# RETURN TO BETTY MALLEN

Hancock County  
Health System

PATIENT LABEL